

TITLE VI DISCRIMINATION COMPLAINT FORM

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| 1. Name of Complainant 2. Telephone 3. Home address (street, city, state, zip) | 4. Person discriminated against (if someone other than complainant) Name Address City, State, Zip Telephone Numbers | |
| 5. Name of person(s) who allegedly discriminated against you, if known | 6. Date /time of alleged incident | 7. Location of alleged incident (Include bus route and number, if involved.) |
| 8. Type of alleged discrimination | 9. Explain what happened and how you believe you were discriminated against (how you feel other persons were treated differently than you), Indicate who was involved and explain their role. | |
| 10. Fully identify any persons we may contact for additional information to support or clarify your allegations (name, address, telephone(s)) | | |
| 11. What other information do you have which is relevant to an investigation of this complaint? | | |
| 12. How can your issue(s) be resolved to your satisfaction? | | 12. If you have filed this complaint with CATS before, please specify when, where, and how? |
| Signature: | | DATE: |
| INTAKE BY (Administration Staff Representative) | | |